PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

OCT 31 2022

IN THE UNITED ST	TATES DISTRICT COURT CLERK US DISTRICT COURT  DISTRICT OF TEXABY  DIVISION
WACO	DIVISION DEPUTY CLERK
CAMOS Dewayne Brown, SR Plaintiff's Name and ID Number	- CLERK
Rikces ldugles unit	
Place of Confinement	CASE NO. 6:22-cv-01150 (Clerk will assign the number)
v.	(Clerk will assign the number)
Sce Attaches	
Defendant's Name and Address	
See AttAches	
Defendant's Name and Address	
SEC Attachen	
Defendant's Name and Address	
( DO NOT USE "ET AL.")	
INSTRUCTION	S - READ CAREFULLY

#### **NOTICE:**

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

- 1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
- 2. Your complaint must be <u>legibly</u> handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, <u>DO NOT USE THE REVERSE</u> <u>SIDE OR BACKSIDE OF ANY PAGE</u>. ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
- 3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
- 4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

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HI Defendant warres	Address.
Safe prison Department	12 Ked Hughes unit
	3201 Fin 929
	GALES V. 16, 70×19, 76597
#2 Defendents, vome	Alfred Heylus Un. 7
	3201 Fm 929
Medical Pipartment.	CAtesville, 79×05 7655.
MENTAL HEILT Department.	Alfred Newley Lord
	3201 FIN 927
	Conterville, 7-x1) 76

### FILING FEE AND IN FORMA PAUPERIS (IFP)

- 1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of \$400.00.
- 2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed in forma pauperis. In this event you must complete the application to proceed in forma pauperis, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed in forma pauperis and the certificate of inmate trust account, also known as in forma pauperis data sheet, from the law library at you prison unit.
- 3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal in forma pauperis, the prisoner shall be required to pay the full amount of a filing fee." δ 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or a initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed in forma pauperis, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from you inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding in forma pauperis.)
- 4. If you intend to seek in forma pauperis status, do not send your complaint without an application to proceed in forma pauperis and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

#### CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "NOTICE TO THE COURT OF CHANGE OF ADDRESS" and shall not include any motion for any other relief. Failure to file a NOTICE OF THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

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A.	Hav	ve you filed any other lawsuit in state or federal court relating to your imprisonment?YESXNO			
B.	If your answer to "A" is "yes", describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)				
	1.	Approximate date of filing lawsuit:			
	2.	Parties to previous lawsuit:			
		Plaintiff(s)			
		Defendant(s)			
	3.	Court: (If federal, name the district; if state, name the county.)			
	4.	Cause number:			
	5.	Name of judge to whom case was assigned:			
	6.	Disposition: (Was the case dismissed, appealed, still pending?)			
	7	Approximate date of disposition:			

II.	PLACE OF PRESENT CONFINEMENT:
III.	EXHAUSTION OF GRIEVANCE PROCEDURES:
	Have you exhausted all steps of the institutional grievance procedure?   Y YESNO
;	Attach a copy of your final step of the grievance procedure with the response supplied by the institution.
IV.	PARTIES TO THIS SUIT:
	A. Name and address of plaintiff: CACLOS Dewagne 13 rocm
	Alfred Hughes unit, 3201 Fm 929
	G.+195V.7Le, 70X45 76597
	B. Full name of each defendant, his official position, his place of employment, and his full mailing address.
	Defendant #1: Safe passis Department, Alfred Hypes unit
	3201 FM 929, GATESV.16 7x. 76597
	Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.
	See Attached
	Defendant #2: Medical Department, Al Care / Hujha caix
	3201 Fin 927 Centes VIII. 78×115 76597
	Briefly describe the acts(s) or omission(s) of this defendant which you claimed harmed you.
	Sce Attacks
	Defendant #3: Mentil HEALTH DEPARTMENT, ALKEL Hughes Unit
	3201 FIM 919, GALOSV. TH, 72775 76597,
	Briefly describe the acts(s) or omission(s) of this defendant which you claimed harmed you.
	Defendant #4:
	Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.
	Defendant #5:
	Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

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Statements of Complaints. Z. CARIUS Deway Ne Brown Sr 02215243 Cn 74:5 5 19.0 NAte of october 15+1+ 2022 De HEAR BY Write All FACES OF Defendants of This Remplant is True. Do Cendent #1 - 5 - Reprison's Department. in the month of weverwoor year of 2021. I CARLUS Brown Submitted A Nunusous Amount 70 This SAIN DEPARTMENT for 2 Rensons. # 1) To Follow up on my Rape At Bills Mements enit in 2017th. The Follow up is Due Boccuse I Din In Fact After Getter Re-Housed on Michaels Unit in Tennessac Colony TIXAS. AND Being Released on Sept 9 2028 I Re-Entured Texis state prison on 2018-01-09, Because Serve The Rape it HAS CALLED Some very Deep mental Developments. And sucide Attemps. 70 my person. And Its cause a perp Depressions, To where I can Feel my Stit Crying in my Sleep. And I have An very High BUXNOL Being every, and er I ving with A Regular intale Contail. I have reported to Highes unit SAGE prosess Department That I Necdel my Beader Iditity Rp-up Daled. Dr. 7h.5 Spid month, And an Sevral Numeral Yelauast Through out This said year of 2022. The Be operated as Transpender. And steel officials Failed to Respond and, or Comply with State, And Federal Rights 70 a Transgender's Stricty. And Gender Exspression.

Ca	se 6:22-cv-01150-ADA Document 1 Filed 10/31/22 Page 6 of 11
D	e Cendent # 2 mediciel Department.
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	is. porrer a 7.v. provider for This SAIV cont
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(#13) Defenent Mewtol HEAltH Departami.

I Hear By Being This Conglaint Belause Z DID IN The Frets Wetily Th. 7 SAN Department ex my Mental Gender Dysphorn Teliness That I Necvel TV TAIL To Sereche, Becase on 6-28-22 I Burned my mattress in cell, And Trynel Henger, mystif-ix rate on This said pale MEMBIL HEALTH DIS Netree A SCAT on The Right Sive of my week from the Twister Sheets, Ann placed me on mental HEMIHIT prect observation. On July 2nd 2072 I was let OLF Prect Observation. only To Return To The Depressing Mental Issue. of Removing my MALL Contils. I struggled with The Facts 7mx I can't love knowing That I have male Bery patets 7 D.D In fact Notify The Gender Dyspheron previder of This Frets. She Sugestel That 2 Bring it up in This complant. Because Texas Repatment of Comminal Testice Medical Repatrice, Do use Biralat policys. To prevent medical, or ony Serious Help 70 An Znmate. Because Trucky The simply Denot CARC. 2 Thilled To ms Dolder About The Surgery. Ann I Tolp HER About me Tryin to Rimon my male gentials. And The Fact Mental HEHITH D.D Wet Comply Felly with the Htlp I wooded. They Stated That Coender Dysphain Issues Are Not A MENTAI HEALTH ZSSUE. THAT Z'N have To TALL TO THE GENDE-Clinit.

V.	STATEN	/FNT	OFC	MIA IT
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•	any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.
	See previous Attachmut
	RELIEF:
	State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or
	statutes.
	I would like to Be Accepted for My STX REassing ment stoger
	To Herefully Solve my Milital Gender Dysphuria Zssuss. As Stated.
	GENERAL BACKGROUND INFORMATION:
•	A. State, in complete form, all names you have ever used or been known by including any and all aliases.
	CArlos Brown, Res, EASTWARD, LAKEYAH Brown, JASmine Brown
	B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.
	1665314, 1868435, 02215243, FBZINE. 82934414138, State 75×05. 06391586
I.	SANCTIONS:
	A. Have you been sanctioned by any court as a result of any lawsuit you have filed?YESY_NO
	B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)
	1. Court that imposed sanctions (if federal, give the district and division):
	2. Case number:
	<ul><li>2. Case number:</li></ul>

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C. Has ar	ny court ever warned or notific	ed you that sanction	ns could be imposed?	YES X NO
D. If you	answer is "yes," give the follower than one, use another piece	wing information f	or every lawsuit in which a v	,
1. Co	ourt that issued warning (if fed	deral, give the distr	ict and division):	
· 2. Ca	ase number:	-		
	oproximate date warning was			
Executed on:	DATE		CAMOS Bewayn Cala Donay (Signature of Plain	L Brown, Sr 2 Brown &r ntiff)
PLAINTIFF'S 1	DECLARATIONS			
and c 2. I under currer 3. I under civil incare frivol immi 5. I under	are under penalty of perjury all correct.  erstand, if I am released or traint mailing address and failure lerstand I must exhaust all erstand I am prohibited from bractions or appeals (from a just cerated or detained in any factions, malicious, or failed to stanent danger of serious physical erstand even if I am allowed to fee and costs assessed by the cost trust account by my custodia.	nsferred, it is my reto do so may result available administration and in forma padgment in a civil cility, which laws ate a claim upon wall injury.  proceed without precourt, which shall be	esponsibility to keep the continuous in the dismissal of this law trative remedies prior to accuperis lawsuit if I have broaction) in a court of the Units were dismissed on the which relief may be granted, apayment of costs, I am response deducted in accordance with	urt informed of my vsuit. filing this lawsuit. ought three or more Jnited States while ground they were , unless I am under
Signed this	(Day) day of	(month)	, 20 <u> </u>	
			CArlus Dewayne	L Brown, Sr
			Carlos Recogne (Signature of Plain	<u>e Brarw Sr</u> ntiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

OS Case 6:22-cv-91/150-ADA Pocument 1 Stilled 10/31/22 Page 10 of 11 nate 70# 02215243 1 Hophes unit FM 929 sville, TEXAS 76597 76597 U.S' DISTRICT 800 Franklin Ave MACO, TEXAS

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LEIZK'S Office Room 17880 2701

# RECEIVED:

OCT 31 2022

CLERK, U.S. DISTRICT COURT WESTERN DISTRICT OF TEXAS BY \_\_\_\_ DEPUTY CLERK